

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>701044348</i>	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11	1					61			
12						62			
13						63			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	3					Total Indep			
Total Depend	3					Total Depend			
Total Claims	6					Total Claims			

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